## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

| Effective October 1, 2003  |  |   |                          |                               |                              |                  |                   |        |                        |         |                            | ·                      |
|--|--|---|--------------------------|-------------------------------|------------------------------|------------------|-------------------|--------|------------------------|---------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                          |                               |                              |                  | SMALL ENTITY TYPE |        |                        | OR      | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS   |  |   |                          | )                             |                              |                  | RAT               | Ε      | FEE                    | 1       | RATE                       | FEE                    |
| FO   | <del>` .</del><br>R                            |   | NUMBER FILED             |                               | NUMBER EXTRA                 |                  | BASIC             | FEE    | 385.00                 | OR      | BASIC FEE                  | 770.00                 |
| то   | TAL CHARGEA                                    | BLE CLAIMS                                  | 2 v <sub>minus 20=</sub> |                               | * 0                          |                  | X\$ :             | 9=     |                        | OR      | X\$18=                     |                        |
| IND  | EPENDENT CL                                    | AIMS  | 2 minus 3 =              |                               | * 0                          |                  | . X43             | }=     |                        | OR      | X86=                       |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PE                               | RESENT                   |                               |                              |                  | +14               | <br>5= |                        | OR      | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                          |                               |                              |                  | ТОТ               |        |                        | OR      | TOTAL                      | 170                    |
| CLAIMS AS AMENDED - PART II  |  |   |                          |                               |                              |                  | _                 | • • •  |                        |         | OTHER<br>SMALL I           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                          |                               |                              |                  |                   | LL     | ENTITY                 | OR<br>I | SWALL                      |                        |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                          | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | RAT               | E      | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus                    | **                            |                              | =                | X\$ :             | 9=     |                        | OR      | X\$18=                     |                        |
| MEN  | Independent                                    | <b>*</b> ,                                  | Minus                    | ***                           |                              | =                | X43               | }≃     |                        | OR.     | X86=                       | · · · <u>-</u>         |
| ٩  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                          |                               |                              |                  |                   | 5= ·   |                        | OR      | +290=                      |                        |
|  |  |   |                          |                               |                              |                  |                   | TAL    |                        | OR      | TOTAL<br>ADDIT, FÉÉ        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                          |                               |                              |                  |                   | FEE    | <u></u>                |         | 7,0011.124                 |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                          | HIGH<br>· NŲĮ<br>PREVI        | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | ·RA1              | ſΕ     | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Tutal  | *   | Minus                    | **                            |                              | =                | XS                | 9=     |                        | OR      | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                    | ***                           |                              |                  | X43               | 3=     |                        | OR      | X86=                       |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                          |                               |                              |                  |                   | <br>5= |                        | OR      | +290=                      |                        |
|  |  |   |                          |                               |                              |                  |                   |        |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|  |  | -(Column 1)                                 |                          |                               | mn 21                        | `(Column 3+      |                   |        |                        |         | ·                          | <del></del>            |
| AMENDMENT C  | \  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                          | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT               | E      | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | \$<br>*                                     | Minus                    | **                            |                              | =                | XS                | 9=     |                        | OR      | X\$18=                     | Ì                      |
|  | Independent                                    | *   | Minus                    | ***                           |                              | =                | X43               | }=     |                        | OR      | X86=                       |                        |
| ٨  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                          |                               |                              |                  |                   | _      |                        | 1       | .200-                      |                        |
| ÷145= C  |  |   |                          |                               |                              |                  |                   |        |                        |         | +290=                      | ļ                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 3. |  |   |                          |                               |                              |                  |                   |        |                        |         | TOTAL<br>ADDIT FEE         | L                      |
|  | The "Highest Num                               | ber Previously Pa                           | id For" (Total o         | r Independ                    | tent) is the                 | e highest number | found in th       | ie apį | propriate bo           | x in co | iomn i                     |                        |